

ILP TRANSITIONAL INDEPENDENT LIVING PLAN (TILP)

NAME OF YOUTH		COUNTY:		
DATE OF FIRST TILP		TILP UPDATE		
CASE ID NUMBER		STATE ID NUMBER		
ETHNICITY		TILP UPDATE EXPIRATION DATE		
CASE PLAN GOAL		PROJECTED CWS EMANCIPATION DATE		
YOUTH AWARE OF PROJECTED TERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES		
MY STREET ADDRESS IS:		BIRTHDATE: AGE GENDER		
NAME OF CURRENT PLACEMENT CARETAKER/FACILITY		LANGUAGE		
TELEPHONE NUMBER		RELATIONSHIP, IF ANY		
LEGAL AUTHORITY TO PLACE		I AM AN INDEPENDENT LIVING PROGRAM PARTICIPANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
MARTIAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		PARENTAL STATUS: <input type="checkbox"/> PARENT OF # <input type="checkbox"/> EXPECTANT PARENT <input type="checkbox"/> N/A		
CITY		STATE		ZIP CODE

PERMANENCY

My permanency goal is: _____

My plan to achieve this goal is: _____

The person who is helping me achieve my permanency goals: _____

He/she helps me achieve my permanency goal by: _____

Date projected to complete my permanency goal: _____

EDUCATION - Completed Schooling

Type of education I have completed:

- ☐ 9th Grade
 ☐ 10th Grade
 ☐ 11th Grade
 ☐ 12th Grade
 ☐ High School Diploma
☐ GED
 ☐ Vocational Education
 ☐ Community College
 ☐ ROP
 ☐ Workability Certificate
☐ Job Corp
 ☐ CA Conservation Corp
 ☐ Other (specify) _____

Last School Attended: _____

Course of Study: _____

Date Completed: _____ Grade Point Average: _____

Current Schooling

Type of education I am currently enrolled in:

- ☐ High School
 ☐ GED Courses
 ☐ Vocational Education
 ☐ Community College
☐ 4-year College/University
 ☐ Other (specify) _____

SCHOOL CURRENTLY ATTENDING	TYPE OF SCHOOL	GRADE	ANTICIPATED GRADUATION / GED DATE MO YEAR
SCHOOL ADDRESS (IF AVAILABLE)	SCHOOL PHONE # (IF KNOWN)	LEARNING DISABILITIES ASSISTANCE NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COURSE OF STUDY	CURRENT GRADE POINT AVERAGE	CREDITS COMPLETED/EARNED	

Educational Goals

My educational goals are:

1. _____
2. _____
3. _____

My plan to achieve these goals is:

1. _____
2. _____
3. _____

My education advisor is: _____

He/she helps me achieve my educational goals by:

1. _____
2. _____
3. _____

Date projected to complete my educational goals: _____

Financial Aid/Scholarship Information (current and future college students)

I am receiving or will receive (please mark all that apply):

☐ Financial Aid ☐ Scholarship ☐ Grant ☐ Chafee Education & Training Voucher ☐ ILP funds ☐ Other: _____

Please specify what is received or will be received:

1. _____
2. _____
3. _____

If I do not currently have Financial Aid/scholarship information and would like to obtain information about available options, my education advisor will help me achieve this by:

1. _____
2. _____
3. _____

Additional Information

Other information/interests that help me to achieve my educational goals (i.e., volunteer work, sport teams, etc.):

1. _____
2. _____
3. _____

EMPLOYMENT

- ☐ Yes, the purpose of employment is to enable me to gain work experience and knowledge of work skills and the responsibilities of maintaining employment.

EDD One-Stop Center:

I am REGISTERED at an Employment Development Department (EDD) One-Stop Career Center : ☐ YES ☐ NO

I am ENROLLED at an EDD One-Stop Career Center: ☐ YES ☐ NO

I have participated/am participating in employment and training services provided at an

EDD One-Stop Career Center: ☐ YES ☐ NO

If NO, the date I will be participating in these services will be: _____

My One-Stop Career Center counselor is: _____

Current Employment Information:

Paid employment _____ Unpaid work experience (volunteer work) _____ Other _____

Start date: _____ Employer: _____

Job title: _____ Current work schedule: _____

Number of hours I work per week: _____ Rate of pay: \$ _____ per hour

Supervisor/Contact person: _____ Phone: (_____) _____

Job responsibilities: _____

Previous Employment

Paid employment _____ Unpaid work experience (volunteer work) _____ Other _____

My first day on the job was: _____ Employer: _____

Job title: _____ Work schedule: _____

Number of hours I work per week: _____ Rate of pay: \$ _____ per hour

Supervisor/Contact person: _____ Phone: (_____) _____

Job responsibilities: _____

The last day I worked for this employer is: _____

Reason for leaving: _____

Paid employment _____ Unpaid work experience (volunteer work) _____ Other _____

My first day on the job was: _____ Employer: _____

Job title: _____ Work schedule: _____

Number of hours I work per week: _____ Rate of pay: \$ _____ per hour

Supervisor/Contact person: _____ Phone: (_____) _____

Job responsibilities: _____

The last day I worked for this employer is: _____

Reason for leaving: _____

Employment Needs

To achieve my employment goals, I need assistance in the following areas:

1. _____
2. _____
3. _____

My employment advisor is: _____

He/she helps me achieve my employment goals by:

1. _____
2. _____
3. _____

CAREER

Career Goal

My career goals are:

1. _____
2. _____
3. _____

My plan to achieve these goals is:

1. _____
2. _____
3. _____

My career advisor is: _____

He/she helps me achieve my career goals by:

1. _____
2. _____
3. _____

I am achieving my career goals: ☐ YES ☐ NO

Supporting documentation: _____

HEALTH CARE

I am on Medi-Cal? ☐ YES ☐ NO

Personal health issues that I am concerned about are:

1. _____
2. _____
3. _____

I would like information on the following:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Drug Rehabilitation | <input type="checkbox"/> Alcohol Rehabilitation |
| <input type="checkbox"/> Tobacco Cessation/Domestic Violence | <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Child Care | |
| <input type="checkbox"/> Nutrition & Physical Fitness | <input type="checkbox"/> Birth control | <input type="checkbox"/> Family Planning & STDs | <input type="checkbox"/> Medication Education |
| <input type="checkbox"/> Other (specify): _____ | | | |

HEALTH CARE - Continued

My health care goals are:

1. _____
2. _____
3. _____

My plan to achieve these goals are: _____

1. _____
2. _____
3. _____

My health advisor is: _____

He/she helps me achieve my health care goals by:

1. _____
2. _____
3. _____

CURRENT HOUSING

Currently my living arrangement is: ☐ Group home ☐ Foster family home ☐ Relative ☐ THPP ☐ Motel
☐ Other (specify): _____

I have participated in a Transitional Housing Placement Program (THPP) for youth 16 to 18 years old: ... ☐ YES ☐ NO

If YES, I was in the program for _____ days/weeks/months.

I am currently on a THPP waiting list: ☐ YES ☐ NO**FUTURE HOUSING PLANS**

When I leave foster care I plan to live (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> With minor children | <input type="checkbox"/> In an apartment or house | <input type="checkbox"/> Transitional housing for emancipated youth (THP-Plus) |
| <input type="checkbox"/> Host Family | <input type="checkbox"/> With parent | <input type="checkbox"/> With roommate <input type="checkbox"/> With relatives |
| <input type="checkbox"/> College Dorm | <input type="checkbox"/> Homeless | <input type="checkbox"/> Shelter <input type="checkbox"/> Unsafe |
| <input type="checkbox"/> Section 8 Vouchers | <input type="checkbox"/> Temporary | <input type="checkbox"/> With friends <input type="checkbox"/> Other (specify): _____ |

I have changed residences during the previous 12 months because: _____

I am currently on the transitional housing for emancipated youth waiting list: ☐ YES ☐ NOI am currently on the Section 8 voucher waiting list: ☐ YES ☐ NO

My housing needs are: _____

My housing advisor is: _____

My housing advisor will assist me by: _____

SUPPORT NETWORK

I have a network of supportive adults to whom I can turn to in times of need: ☐ YES ☐ NO

If YES:

<u>Relationship</u>	<u>Name of Supportive Adult</u>	<u>Contact Phone #</u>
Mentor		
Relative		
Social worker		
Friend		
ILP Staff		
Therapist		
Foster parent		
Teacher		
Other (relationship)		
Other (relationship)		

FINANCIAL RESOURCES

My sources of income include:

- ☐ Work
 ☐ STEP Payment
 ☐ SSI
 ☐ Trust Account
 ☐ CalWORKs
 ☐ Allowance
☐ Incentives
 ☐ Financial Aid
 ☐ EOP&S
 ☐ CARE
 ☐ Dept. of Vocational Rehabilitation
☐ Chafee Education & Training voucher
 ☐ ILP funds
 ☐ Other (specify)_____

I currently have a:

- ☐ Checking Account
 ☐ Savings Account
 ☐ Neither

To pay bills and manage money, I will use:

- ☐ Checking Account
 ☐ Savings Account
 ☐ Money Orders
 ☐ Cashier's Checks
☐ Other (specify):_____

LIVING SKILLS**SUMMARY ASSESSMENT OF LIVING SKILLS**

(Check the category below which best describes your level of self-sufficiency skills)

Expert Know Something About Need Training

Self-advocacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping, budgeting, financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to obtain physical/dental/vision/mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to obtain vital records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive health activities (including substance abuse prevention, smoking avoidance, nutrition education, pregnancy prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self esteem, self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Housing Placement Program experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community resources (know where to find)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to find and acquire housing, contracts, costs, processes, responsibilities, landlord/tenant issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal responsibility skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer and resource use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to obtain financial assistance including, but not limited to, incentives, stipends, educational/vocational grants, CAL-Grants, EDD, etc..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My plan to become knowledgeable in the above Living Skills areas is:

1. _____
2. _____
3. _____

My living skills advisor is: _____

My living skills advisor will help me achieve these goals by:

1. _____
2. _____
3. _____

Date projected to complete my Living Skills goals: _____

PERSONAL DOCUMENTATION

	<u>On File</u>	<u>Requested</u>	<u>Have</u>	<u>N/A</u>
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Card/Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma Or GED/School Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Education Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department Of Motor Vehicles Identification/License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Motor Vehicles Driving Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and telephone number of one person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificate(s) of parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of County Dependency status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation status/criminal history/community service clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and assistance for completing applications to seal juvenile records pursuant to Welfare and Institutions Code, Section 781, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written information regarding dependency case/family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth and Social Security Number of parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/addresses/phone numbers of siblings and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and telephone number of mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding procedures for inspecting documents listed under Welfare and Institutions Code, Section 827	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information regarding jurisdiction termination hearings and potential consequences of a failure to attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Education Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CA Children's Services records for medically fragile children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most recent psychological evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The plan to acquire the above personal documents is:

1. _____
2. _____
3. _____

My personal documents advisor is: _____

My personal documents advisor will help me achieve these goals by:

1. _____
2. _____
3. _____

Date projected to complete my personal documentation goals: _____

Services already provided and goals already achieved are: _____

COUNTY:

This plan was completed with my help: ☐ YES ☐ NO

Signing this contract means that we will all work to complete the steps necessary to help the participant meet his/her goals. The form shall be updated at least every six months or sooner, if requested. Checking the box on the right of the date signifies that the signature is on the hard copy on file.

YOUTH	DATE	<input type="checkbox"/>
ADVISOR (TITLE)	DATE	<input type="checkbox"/>
ADVISOR(TITLE)	DATE	<input type="checkbox"/>
ADVISOR (TITLE)	DATE	<input type="checkbox"/>
ADVISOR (TITLE)	DATE	<input type="checkbox"/>
SOCIAL WORKER/PROBATION OFFICER	DATE	<input type="checkbox"/>
SOCIAL WORKER/PROBATION OFFICER SUPRERVISOR	DATE	<input type="checkbox"/>